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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/789158
	Filing Date	27 February 2004
	First Named Inventor	Philip Spalding
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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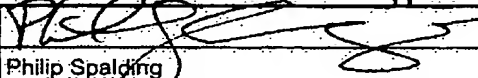
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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Philip Spalding		
Date	3/11/05	Telephone	415 464-9770

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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